Late Contribution Report

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Amounts may be rounded to whole dollars.

CALIFORNIA FORM 497

NAME OF FILER Marc Steinorth for Assembly 2016	**Date of This Filing** _09/07/2016_
AREA CODE/PHONE NUMBER ( ) - I.D. NUMBER (if applicable) 1373710	**Report No.** _16-85_
STREET ADDRESS	☐ **Amendment to Report No.** _____ (explain below)
CITY Rancho Cucamonga STATE CA ZIP CODE 91701	**No. of Pages** _2_

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Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/07/2016	Barona Band of Mission Indians Lakeside, CA 92040	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		$4,200.00
09/07/2016	Johnson & Johnson Washington, DC 20005	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		$1,500.00
09/07/2016	Tenet Health Anaheim, CA 92806	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		$1,500.00

*Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment:

2074764-0

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Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

**FPPC Form 497(June/01)
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